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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	<b>Attorney Docket No.</b> HO-P02511US1	
	<b>First Inventor</b> William C. Paske	
	<b>Title</b>	<b>SYSTEM AND APPARATUS FOR PROVIDING QUANTIFIED HAND ANALYSIS</b>
	<b>Express Mail Label No.</b> ER 147062337 US	

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages <b>23</b> ] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>5</b> ]	<b>ACCOMPANYING APPLICATION PARTS</b>
5. Oath or Declaration [Total Sheets <b>2</b> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [ ] Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [ ] Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: [ ]
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:


☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

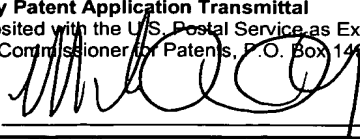
Prior application information: Examiner \_\_\_\_\_

Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number: <b>26271</b>		<input type="checkbox"/> OR Correspondence address below			
Name					
Address					
City		State		Zip Code	
Country		Telephone		Fax	

Name (Print/Type)	Michael S. McCoy	Registration No. (Attorney/Agent)	46,913
Signature		Date	November 17, 2003

<b>Utility Patent Application Transmittal</b>	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER 147062337 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: November 17, 2003	Signature:  (Michael S. McCoy)

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FEE TRANSMITTAL for FY 2004				Complete if Known	
Effective 10/01/2003, Patent fees are subject to annual revision.				Application Number	Not Yet Assigned
				Filing Date	Concurrently Herewith
				First Named Inventor	William C. Paske
				Examiner Name	Not Yet Assigned
				Art Unit	N/A
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Attorney Docket No.	HO-P02511US1
TOTAL AMOUNT OF PAYMENT		(\$)		556.00	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)				
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES				
<input type="checkbox"/> Deposit Account: Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">06-2375</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Fulbright &amp; Jaworski L.L.P.</span>						
The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.						
FEE CALCULATION						
1. BASIC FILING FEE						
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	
1001	2001	770	385	Utility filing fee	385.00	
1002	2002	340	170	Design filing fee		
1003	2003	530	265	Plant filing fee		
1004	2004	770	385	Reissue filing fee		
1005	2005	160	80	Provisional filing fee		
<b>SUBTOTAL (1)</b>		(\$)		385.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE						
Total Claims	39	-20** =	19	x	9.00 =	171.00
Independent Claims	3	-3** =		x		0.00
Multiple Dependent				x		
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	
1202	2202	18	9	Claims in excess of 20		
1201	2201	86	43	Independent claims in excess of 3		
1203	2203	290	145	Multiple dependent claim, if not paid		
1204	2204	86	43	** Reissue independent claims over original patent		
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent		
<b>SUBTOTAL (2)</b>		(\$)		171.00		
**or number previously paid, if greater; For Reissues, see above						
				Other fee (specify)		
				*Reduced by Basic Filing Fee Paid		
				<b>SUBTOTAL (3)</b> (\$)		
				0.00		

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Michael S. McCoy	Registration No. (Attorney/Agent)	46,913
Signature		Telephone	(713) 651-8216
		Date	November 17, 2003


Fee Transmittal	
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## Certificate of Express Mailing Under 37 CFR 1.10

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Michael S. McCoy

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Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Utility Patent Application Transmittal;  
Fee Transmittal;  
Check in the Amount of \$556.00  
Supplemental Application Data Sheet;  
Declaration for Utility or Design Patent Application;  
Application for U.S. Letters Patent; and  
Postcard